


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N08847 1. Entity Name UNIDAD II, A CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1330 W. 44TH ST. HIALEAH, FL 33012			Mailing Address 1330 W. 44TH ST. HIALEAH, FL 33012		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0445722	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LORENZO, FRANCISCA 1330 W. 44TH ST. HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Francisca Lorenzo</u> <u>FRANCISCA LORENZO</u> <u>11/21/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LORENZO, FRANCISCA 1330 W. 44TH ST. HIALEAH, FL 33012 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, CARIDAD 1336 W. 44TH ST. HIALEAH, FL 33012 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ROSARIO 1330 W 44 STREET HIALEAH, FL 33012 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Francisca Lorenzo</u> <u>FRANCISCA LORENZO</u> <u>11/21/08</u> <u>305-613-3683</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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ALABAMA STATE
ATLANTA, FLORIDA

REINSTATEMENT 08
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